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Signature _____

A copy of each cited Application is enclosed.


CONCLUSION

It is respectfully requested that the above information be considered by the Examiner.

We also enclose a check for the required fee of \$180.00 to cover the Information Disclosure Statement under 37 C.F.R. 1.97(c)(2). Please charge any deficiency in this fee, and credit any overpayment, to Deposit Account 06-1205.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Registration No. 42,476

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